

FAIRFAX COUNTY PARK AUTHORITY



Counselor-In-Training Agreement

Name: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

I accept the following Counselor-in-Training position:

Position Title: **Counselor-in-Training (C.I.T.)**

Location Requested (subject to availability): _____

Supervisor's Name: Site Director

Date Beginning: _____ through _____

Commitment Time (Days and Hours): _____

STATEMENT OF COMMITMENT:

- ◆ I understand I am committing myself to the above position as stated.
- ◆ I have read the job description for the position and understand what is expected.
- ◆ I understand that this is a volunteer position with no monetary compensation.
- ◆ I understand it is important for me to attend staff meetings and participate in trainings.
- ◆ I understand I will be supervised by the Director and will be evaluated upon completion.
- ◆ I understand this is a serious commitment, and dependability is essential. Therefore, I will make every effort to arrive at my work site on time and in the event of illness or family emergency I must notify the Camp Director or Area Supervisor.
- ◆ I further understand that the Fairfax County Park Authority has the right to terminate my position at any time if my conduct is not compatible with the goals and objectives of my position and the program.

GENERAL WORK RULES:

- ◆ Arrive 15 minutes prior to start of program hours.
- ◆ Set appropriate role model for children in the program.
- ◆ Adhere to specific program rules.
- ◆ Stay with your assigned group at all times.
- ◆ Treat the participants in a professional and appropriate manner.
- ◆ Information concerning participants is **CONFIDENTIAL**
- ◆ Complete task assignments as outlined in the CIT Handbook.
- ◆ Discuss any program problems, concerns, suggestions, etc., with your Director.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Please – both student and parent should sign this agreement and return it to our office*